

CENTER FOR HEALTH INFORMATION & ANALYSIS
ACKNOWLEDGMENT OF CONDITIONS UPON
RECEIPT OF MEDICAID DATA

This Acknowledgment supplements the Data Use Agreement ("DUA") dated _____ between the Center for Health Information and Analysis ("CHIA") and _____ ("Data Recipient") in connection with the Data Recipient's application for data from the Massachusetts All Payer Claims Database ("APCD"), and is effective as of the date of execution below. To the extent that this Acknowledgment is inconsistent with any terms in the DUA, this Acknowledgment modifies and overrides the DUA.

The undersigned Data Recipient hereby acknowledges that:

- Pursuant to an interagency service agreement between CHIA and MassHealth, CHIA submitted the Data Recipient's request for Medicaid data from the APCD to MassHealth for review to determine whether the request is "directly connected" to the administration of the Medicaid program;
- MassHealth has approved the request contingent upon the following requirement(s):
 - the Data Recipient shall provide MassHealth with the results of its analysis of the Medicaid data.

The undersigned Data Recipient hereby agrees to comply with the above requirement(s), as a condition of receiving Medicaid data from CHIA. The Data Recipient acknowledges that the above condition(s) are hereby incorporated into the Data Recipient's DUA with CHIA as obligations of the Data Recipient and that, as such, failure to comply with any of the listed conditions could result in denial of future access to any CHIA Data, termination of current access to CHIA Data, and/or a demand for immediate return or destruction of all CHIA data.

For _____:
Data Recipient Organization

Authorized Signature

Date

Print Name: _____

Title: _____

Organization: _____

Address: _____

Telephone: _____ E-Mail: _____